

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-189,665	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		12					53					
4		101					54					
5		102					55					
6		101					56					
7		10					57					
8		67					58					
9		102					59					
10	1						60					
11		1					61					
12		12					62					
13	1						63					
14							64					
15							65					
16							66					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	10	↔	↔	↔			TOTAL DEP.					
TOTAL CLAIMS	13						TOTAL CLAIMS					